Fill in this information to identify your case:

Debtor 1 Eric James De Weerd
First Name Middle Name Last Name

Debtor 2 Danielle Marie Sirianni-De Weerd
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number 17-02421
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☑ No

☐ Yes. Name of person_________________________. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

✗ [signature]
Signature of Debtor 1

Date 05/26/2017
MM / DD / YYYY

✗ Danielle M DeWeerd
Signature of Debtor 2

Date 05/26/2017
MM / DD / YYYY

Debtor 1 Eric James De Weerd
First Name Middle Name Last Name

Case number (if known) 17-02421

All My Sons Pest Control, Inc.
Business Name

102 Bluffton Road
Number Street

Bluffton SC 29910
City State ZIP Code

Describe the nature of the business

Installation of outdoor insect misting syst

Name of accountant or bookkeeper

Ford Baker

Employer Identification number
Do not include Social Security number or ITIN.

EIN: 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

Dates business existed

From 01/20/2008 To 12/20/2016

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☑ **No**
☐ **Yes. Fill in the details below.**

Date issued

Name ________ MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✗ [signature] Signature of Debtor 1

✗ Danielle M. DeWeerd Signature of Debtor 2

Date MAY 26, 17

Date MAY 26, 17

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ No
☐ Yes. Name of person________. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).